

Date

1 copy State Supt.1 copy County Supt.1 copy School District

This form is required in accordance with Title 20, Chapter 10, Part 1, MCA. School district official must complete one form for each bus route that receives state reimbursement even though transportees of another legal entity may utilize the services. Rate Per Mile **Due Dates: To County Supt** October 15 All Routes October 1 \$1.80 County Name County Number District Name Legal Entity Number Rosebud Forsyth Public Schools 0790 0791 Route # Length of Route (miles per day) Type of Service □ Bus Route Mileage Rated Capacity □ Non Bus Mileage 5 59.8 84 **Bus Route Mileage** Vehicle I.D. # License # **District Owned** □ District Owned □ Contract - If so, Name of Owner 1BABNB0AX1F097974 14 □ Contracted rate per mile Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget! Legal Entity Legal Entity Legal Entity Legal Entity 0790 0791 67.00 33.00 % % PASSENGER INFORMATION **ELEMENTARY RIDERS** HIGH SCHOOL RIDERS TOTAL Number of Preschool/Kindergarten pupils riding (Grades PK-8) (Grades 9-12) **ELIGIBLE RIDERS** this route а С NUMBER **NUMBER** a + bRegular (include eligible Preschool/Kindergarten riders) 1st Wheelchair (WC) 2nd Wheelchair (WC) Additional Wheelchairs (WC) Non-WC IEP Lists Trans as Related Service **TOTAL ELIGIBLE RIDERS** Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement that would otherwise allow nonresident riders to be eligible) (Include ineligible Preschool/Kindergarten riders) Nonpublic School Riders (ineligible) **TOTAL RIDERS** We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA.

We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required, to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA. We also agree to refrain from soliciting or causing others to solicit students from other transportation areas. We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route. We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document. We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in accordance with 20-10-132, MCA. I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee. Signature - Chair, Board of Trustees County Transportation Committee Approval as required in accordance with Section 20-10-132, MCA. This Application for Registration of School Bus and State Reimbursement has been reviewed and I certify that this bus operates within the transportation area assigned to it by the County Transportation Committee



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1 copy State Supt. 1 copy County Supt. 1 copy School District Rate Per Mile \$1.15 Legal Entity Number 0790 0791 Rated Capacity 53 Legal Entity % TOTAL **ELIGIBLE RIDERS** С a + b

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Due Dates All Routes	s:	•	ounty Supt	To OPI October 15	l	Rate Per Mile \$1.57	
County Name		County Number	District Nan	ne		Legal Entity Number	
Rosebud		44	Forevth F	Public Schools		0790 0791	
Route #	Length of Route		Type of Ser		leage	Rated Capacity	
2	104.8		Due Dout	□ Non Bus Mile	age	72	
Vehicle I.D. #	License #		☐ District Ow	te Mileage med 「	District Own		
1BABNB0A42F203272			□ Contract -	If so, Name of Owner I rate per mile			
Reimbursement Distribution- Er	iter the legal entity			reimbursement to be p	aid to each dis	strict. Note: Percentages	
Legal Entity	Legal Entity		tch budget! Legal Entity	,	Legal Entit	ty	
0790	07	791					
0/ 57.00	0/ 42	00	0/		0/		
% 57.00 PASSENGER INFORMATION	% 43	.00	%		%		
Number of Preschool/Kindergar this route	ten pupils riding	ELEMENTARY F (Grades PK		HIGH SCHOOL (Grades 9-	_	TOTAL ELIGIBLE RIDERS	
		а		b NUMBER		C	
Regular (include eligible Preschool/h	Kindergarten riders)	NUMBER		NOWBER	`	a + b	
1st Wheelchair (WC)							
2nd Wheelchair (WC)							
Additional Wheelchairs (WC)							
Non-WC IEP Lists Trans as Related							
TOTAL ELIGIBLE RIDERS							
Ineligible Public School Riders (i.e., nonresident and no attendance agree otherwise allow nonresident riders to (Include ineligible Preschool/Kinderg							
Nonpublic School Riders (ineligible)							
TOTAL RIDERS							
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County 1 This Application for Registration		ommittee Approval as re					
area assigned to it by the Count	ty Transportation C		ias peen leviev	woo and rooming that this	<u>'</u>	within the transportation	
Signature - Chair, County Transportation Committee Date							



This form is required in accordareceives state reimbursement e								ach bus route that
Due Dates: All Routes			To County Supt October 1		To OPI October 15		\$1.57	
County Name			County Number		District Nan	ne		Legal Entity Number
Rosebud			44		Forsyth F	Public Schools		0790 0791
Route #	Length of	of Route (miles per day)		Type of Ser	vice Bus Route Mi Non Bus Mile		Rated Capacity
4	121.2				Bus Rout	e Mileage	age	72
Vehicle I.D. #	Lic	cense #			District Ow		District Own	ned
1BAANCSA1WF078106	20	05	 □ Contract - If so, Name of Owner □ Contracted rate per mile 					
Reimbursement Distribution- Er	nter the le	gal entity				reimbursement to be p	aid to each dis	strict. Note: Percentages
Legal Entity	Le	egal Entity	,		n budget! Legal Entity		Legal Entit	ty
0790		07	91					
% 76.00		% 24.0	00		%		%	
PASSENGER INFORMATION		70 211			70			
Number of Preschool/Kindergar this route	ten pupils	s riding	ELEMENTARY (Grades Pl		_	HIGH SCHOOL (Grades 9-	_	TOTAL ELIGIBLE RIDERS
			a NUMBE	R		b NUMBER		c a + b
Regular (include eligible Preschool/l	Kindergarte	en riders)					`	
1st Wheelchair (WC)								
2nd Wheelchair (WC)								
Additional Wheelchairs (WC)								
Non-WC IEP Lists Trans as Related Service								
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Signature - Chair, Board of Trustees	3			_			Date	
This Application for Registration area assigned to it by the Count	of Schoo ty Transpo	ol Bus and ortation C	State Reimbursement			ordance with Section 2 wed and I certify that this		
Signature - Chair, County Transportation Committee Date								



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Signature - Chair, Board of Trustees

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Signature - Chair, County Transportation Committee	Date	



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Due Dates All Routes		To County Supt October 1			Rate Per Mile \$1.57	
County Name		County Number	District Nar	me		Legal Entity Number
Rosebud		44	Lame De	er Public Schools		0792 1230
Route #	Length of Rout	ngth of Route (miles per day)		rvice Bus Route Mi Non Bus Mile		Rated Capacity
7	31.6	1.6		Bus Route Mileage		72
Vehicle I.D. #	License #		□ District Ow		District Own	ed
1BAAHCPH3YF093514	0306			If so, Name of Owner drate per mile		
Reimbursement Distribution- En	ter the legal enti			y reimbursement to be p	aid to each dis	trict. Note: Percentages
Legal Entity	Legal Ent		atch budget! Legal Entity	/	Legal Entity	
1230						
% 100.00	%		%		%	
PASSENGER INFORMATION	70		70			
Number of Preschool/Kindergar this route	ten pupils riding	ELEMENTARY (Grades PI	_	HIGH SCHOOL (Grades 9-	_	TOTAL ELIGIBLE RIDERS
		a NUMBE	R	b NUMBER		c a+b
Regular (include eligible Preschool/h	(Kindergarten riders				•	
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Signature - Chair, Board of Trustees		a are adireportation se		grow by the County Hall	Date	
County	Fransnortation (Committee Approval as	required in sec	ordance with Section 1	20-10-132 MC	Δ
This Application for Registration area assigned to it by the Count	of School Bus a ty Transportation	nd State Reimbursement			s bus operates	
Signature - Chair, County Transporta	ation Committee				Date	



Due Dates: All Routes To County Supt October 1 To OPI October 15 \$0.95 County Name County Number District Name Rate Per Mile \$0.95						
Rosebud Lame Deer Public Schools 0792 1230						
Route # Length of Route (miles per day) Type of Service Bus Route Mileage Rated Capacity						
5 Non Bus Mileage Bus Route Mileage 24						
Vehicle I.D. #						
1GBJG31F8V1248821 □ Contract - If so, Name of Owner □ Contracted rate per mile □ Contracted rate per						
Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentage	jes					
Legal Entity Legal Entity Legal Entity Legal Entity Legal Entity Legal Entity						
% 100.00 %	<u>.</u>					
PASSENGER INFORMATION ELEMENTARY RIDERS HIGH SCHOOL RIDERS TOTAL						
Number of Preschool/Kindergarten pupils riding this route (Grades PK-8) (Grades 9-12) ELIGIBLE RIDERS	6					
a b c NUMBER NUMBER a+b						
Regular (include eligible Preschool/Kindergarten riders)						
1st Wheelchair (WC)						
2nd Wheelchair (WC)						
Additional Wheelchairs (WC)	_					
Non-WC IEP Lists Trans as Related Service						
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Date

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This form is required in accordance with Title 20, Chapter 10, Part 1, MCA. School district official must complete one form for each bus route that receives state reimbursement even though transportees of another legal entity may utilize the services. Rate Per Mile **Due Dates: To County Supt** October 15 All Routes October 1 \$0.95 County Name County Number District Name Legal Entity Number Rosebud Lame Deer Public Schools 0792 1230 Route # Length of Route (miles per day) Type of Service □ Bus Route Mileage Rated Capacity □ Non Bus Mileage 6 20 24 **Bus Route Mileage** Vehicle I.D. # License # **District Owned** □ District Owned □ Contract - If so, Name of Owner 1GBJG31F8V1248821 277 □ Contracted rate per mile Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget! Legal Entity Legal Entity Legal Entity Legal Entity 0792 1230 45.00 55.00 % % PASSENGER INFORMATION **ELEMENTARY RIDERS** HIGH SCHOOL RIDERS TOTAL Number of Preschool/Kindergarten pupils riding (Grades PK-8) (Grades 9-12) **ELIGIBLE RIDERS** this route а С NUMBER NUMBER a + bRegular (include eligible Preschool/Kindergarten riders) 1st Wheelchair (WC) 2nd Wheelchair (WC) Additional Wheelchairs (WC) Non-WC IEP Lists Trans as Related Service **TOTAL ELIGIBLE RIDERS** Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement that would otherwise allow nonresident riders to be eligible) (Include ineligible Preschool/Kindergarten riders) Nonpublic School Riders (ineligible) **TOTAL RIDERS** We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA.

We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required, to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA. We also agree to refrain from soliciting or causing others to solicit students from other transportation areas. We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route. We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document. We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in accordance with 20-10-132, MCA. I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee. Signature - Chair, Board of Trustees County Transportation Committee Approval as required in accordance with Section 20-10-132, MCA. This Application for Registration of School Bus and State Reimbursement has been reviewed and I certify that this bus operates within the transportation area assigned to it by the County Transportation Committee



This form is required in accorda receives state reimbursement e						
Due Dates All Routes		To County Supt October 1			Rate Per Mile \$1.57	
County Name		County Number	District Nar	me		Legal Entity Number
Rosebud		44	Lame De	Lame Deer Public Schools		0792 1230
Route #	Length of Route (miles per day)		Type of Se	Type of Service ☐ Bus Route Mile ☐ Non Bus Milea		Rated Capacity
1	87.4		Bus Rou	Bus Route Mileage		72
Vehicle I.D. #	License #			□ District Owned District Owned		
1BAAHCPH8YF093511	0057			If so, Name of Owner drate per mile		
Reimbursement Distribution- En	ter the legal enti			y reimbursement to be p	aid to each dis	strict. Note: Percentages
Legal Entity	Legal Ent	ity	hatch budget! Legal Entity	/	Legal Entity	
0792		1230				
% 81.00	% 1	9.00	%		%	
PASSENGER INFORMATION	70	0.00	70			
Number of Preschool/Kindergar this route	ten pupils riding	ELEMENTARY (Grades P	_	HIGH SCHOOL (Grades 9-	_	TOTAL ELIGIBLE RIDERS
		a NUMBE	R	b NUMBER		c a + b
Regular (include eligible Preschool/h	(Kindergarten riders			TTOMBET		a i b
1st Wheelchair (WC)						
2nd Wheelchair (WC)						
Additional Wheelchairs (WC)						
Non-WC IEP Lists Trans as Related	Service					
TOTAL ELIGIBLE RIDERS						
Ineligible Public School Riders (i.e., nonresident and no attendance agre otherwise allow nonresident riders to (Include ineligible Preschool/Kinderg Nonpublic School Riders (ineligible)	ement that would be eligible)					
TOTAL RIDERS						
TOTAL RIDERO						
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I certify that this application for r bus operates on the route as ap	registration of sch	nool bus and state reimbu	rsement is true	and complete to the bes	st of my knowle	edge and belief, and the
Signature - Chair, Board of Trustees		are adireportation se	5. 1100 area assig	grow by the County Hall	Date	
County 1	Fransportation (Committee Approval as	required in acc	cordance with Section 2	 20-10-132, MC	CA .
This Application for Registration area assigned to it by the Count	of School Bus a ty Transportation	nd State Reimbursement			s bus operates	
Signature - Chair, County Transporta	auon Committee				Date	



Rate Per Mile Due Dates: All Routes County Name Rosebud Route# Length of Route (miles per day) Vehicle I.D. # License # Lame Deer Public Schools Bus Route Mileage Rate Per Mile To OPI October 15 \$1.57 County Name Legal Entity Number Lame Deer Public Schools Type of Service Bus Route Mileage Non Bus Mileage Route Mileage Type of Service District Owned District Owned County Number Legal Entity Number District Name Legal Entity Number District Name Legal Entity Number District Owned Contract - If so, Name of Owner						
Rosebud Route # Length of Route (miles per day) Bus Route Mileage Vehicle I.D. # Length of Route (miles per day) Length of Route (miles per day) Type of Service Bus Route Mileage Non Bus Mileage 78 Vehicle I.D. # District Owned						
Route # Length of Route (miles per day) Type of Service Bus Route Mileage Rated Capacity Non Bus Mileage 78 Vehicle I.D. # License # District Owned						
Route # Length of Route (miles per day) Type of Service Bus Route Mileage Rated Capacity Non Bus Mileage 78 Vehicle I.D. # License # District Owned						
3 90 □ Non Bus Mileage 78 Vehicle I.D. # □ District Owned □ District Owned						
Vehicle I.D. # License # □ District Owned □ District Owned						
□ District Owned District Owned						
1BAAKCSA7MF041776 264 □ Contract - If so, Name of Owner □ Contracted rate per mile						
Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages						
must match budget! Legal Entity Legal Entity Legal Entity Legal Entity Legal Entity						
0792 1230						
% 50.00 % 50.00						
PASSENGER INFORMATION ELEMENTARY RIDERS HIGH SCHOOL RIDERS TOTAL						
Number of Preschool/Kindergarten pupils riding this route (Grades PK-8) (Grades 9-12) ELIGIBLE RIDERS						
a b c NUMBER NUMBER a+b						
Regular (include eligible Preschool/Kindergarten riders)						
1st Wheelchair (WC)						
2nd Wheelchair (WC)						
Additional Wheelchairs (WC)						
Non-WC IEP Lists Trans as Related Service						
TOTAL ELIGIBLE RIDERS						
Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement that would otherwise allow nonresident riders to be eligible)						
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1 copy State Supt.1 copy County Supt.1 copy School District

Helena, MT 59620-2501

School Year 2005 - 2006

1 copy School Dispersion of the second structure of th

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Non-WC IEP Lists Trans as Related Service

Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement that would otherwise allow nonresident riders to be eligible) (Include ineligible Preschool/Kindergarten riders)

TOTAL ELIGIBLE RIDERS

Nonpublic School Riders (ineligible)

TOTAL RIDERS

Combined School District Application for Registration of School Bus & State Reimbursement School Year 2005 - 2006

1 copy State Supt.1 copy County Supt.1 copy School District

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Signature - Chair, Board of Trustees

Date

County Transportation Committee Approval as required in accordance with Section 20-10-132, MCA.

This Application for Registration of School Bus and State Reimbursement has been reviewed and I certify that this bus operates within the transportation area assigned to it by the County Transportation Committee.

Signature - Chair, County Transportation Committee	Date



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This form is required in accordance with Title 20, Chapter 10, Part 1, MCA. School district official must complete one form for each bus route that receives state reimbursement even though transportees of another legal entity may utilize the services. Rate Per Mile **Due Dates: To County Supt** October 15 All Routes October 1 \$1.80 County Name County Number District Name Legal Entity Number Rosebud Colstrip Public Schools 0796 0797 Route # Length of Route (miles per day) Type of Service □ Bus Route Mileage Rated Capacity □ Non Bus Mileage 193.4 84 **Bus Route Mileage** Vehicle I.D. # License # **District Owned** □ District Owned □ Contract - If so, Name of Owner 1BABNB0AYF093540 100 □ Contracted rate per mile Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget! Legal Entity Legal Entity Legal Entity Legal Entity 0796 0797 93.00 7.00 % % PASSENGER INFORMATION **ELEMENTARY RIDERS** HIGH SCHOOL RIDERS TOTAL Number of Preschool/Kindergarten pupils riding (Grades PK-8) (Grades 9-12) **ELIGIBLE RIDERS** this route а С NUMBER NUMBER a + bRegular (include eligible Preschool/Kindergarten riders) 1st Wheelchair (WC) 2nd Wheelchair (WC) Additional Wheelchairs (WC) Non-WC IEP Lists Trans as Related Service **TOTAL ELIGIBLE RIDERS** Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement that would otherwise allow nonresident riders to be eligible) (Include ineligible Preschool/Kindergarten riders) Nonpublic School Riders (ineligible) **TOTAL RIDERS** We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA.

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Due Dates: All Routes				o Cou Octobe	nty Supt r 1	To OPI October 15		Rate Per Mile \$1.80	
County Name			County Number		District Nam	ne		Legal Entity Number	
Rosebud			44		Colstrip F	Public Schools		0796 0797	
Route #	Leng	th of Route	(miles per day)	Type of Service ☐ Bus Route Mile			Rated Capacity		
3	22				□ Non Bus Mileage Bus Route Mileage			84	
Vehicle I.D. #	1	License #		□ District Owned District Owned					
1BABNB0A52F202762		102		 □ Contract - If so, Name of Owner □ Contracted rate per mile 					
Reimbursement Distribution- Er	nter the	e legal entity			state/county h budget!	reimbursement to be pa	aid to each dis	strict. Note: Percentages	
Legal Entity		Legal Entity	/	si maic	Legal Entity		Legal Enti	ty	
0796		07	797						
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Number of Preschool/Kindergar	ten nu	inile ridina	ELEMENTAI (Grades			HIGH SCHOOL (Grades 9-7	_	TOTAL ELIGIBLE RIDERS	
this route	ten pu	ipiis ridirig	(Grades	5 F K-0,		(Grades 9-	12) ELIGIBLE RIDERS		
			a NUMBER			b NUMBER		c a + b	
Regular (include eligible Preschool/l	Kinderg	arten riders)					`		
1st Wheelchair (WC)									
2nd Wheelchair (WC)									
Additional Wheelchairs (WC)									
Non-WC IEP Lists Trans as Related	Service	е							
TOTAL ELIGIBLE RIDERS									
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TOTAL RIDERS									
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Country	Troma:	antation Co	mmittoo Annuaria	00	uirod in oss	ordonoo with Seetier (20 10 122 844	`^	
This Application for Registration area assigned to it by the Coun	of Sc	hool Bus and	d State Reimbursem			ordance with Section 2 ved and I certify that this			
Signature - Chair, County Transportation Committee Date									



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